

Child and Family Services

Update

December 2005



Office of Child and Family Services Staff

The Office of Child and Family Services is currently staffed by the following 11 people:

Shirley Ricks – Director

Keisha White – Administrative Support

Janet Lung – Child/Adolescent Program Manager

Will Bronson – C/A Program Coordinator

Martha Kurgans – Substance Abuse Coordinator

Mary Ann Discenza – Part C Coordinator

Karen Durst – Part C Consultant

Bonnie Grifa – Part C Consultant

David Mills – Part C Consultant

Beth Tolley – Part C Consultant

Mary Ann White – Part C Consultant

Beverly Crouse – Part C Consultant

Contact information for all of our staff can be accessed at:

<http://www.dmhmrzas.virginia.gov/CFS-default.htm>

Parent and Family Involvement

OCFS continues to participate in the development of a statewide parent coalition. DMHMRSAS provided \$15,000 in one-time Community Mental Health Services Block Grant funds as “seed money” for the new coalition.

OCFS also has a contract with PACCT to identify and train family members of children with mental health disorders and related disorders or who are at-risk of developing mental health disorders to serve as parent representatives on state and local planning meetings. These family members shall have children under the age of 18 at the time of training. PACCT is in the process of making a name change

to the Federation of Families of Virginia to gain a stronger connection and name recognition with the federal organization of parents. PACCT is working to publicize its name change and other exciting new developments to support parents.

System of Care Funding Awards for Community Services Boards

OCFS continues to support and promote the system of care philosophy through a variety of projects.

Mental Health and Juvenile Justice Grants

Two additional demonstration projects have been funded to provide mental health services in juvenile detention centers. These sites are in Norfolk and Central Virginia. The Norfolk and Central Virginia programs will operate similarly to five other programs funded by the federal Juvenile Accountability Block Grant from the Department of Criminal Justice Services. In each of the sites (listed below), CSBs provide mental health screening, assessment and treatment services to children in seven of the 25 juvenile detention centers in Virginia.

1. Central Virginia CSB
2. Chesapeake CSB
3. Crossroads CSB
4. Norfolk CSB
5. Planning District 1
6. Richmond BHA
7. Valley CSB

System of Care/Evidence-Based Practice Grants

Two additional demonstration projects are developing their systems of care by providing an evidence-based practice to children at high risk of residential or out-of community care. The Richmond Behavioral Health Authority has been awarded funds for the creation of a Multi-systemic Therapy (MST) program and Planning District One has been awarded funds for the start of a Family Functional Therapy (FFT) program. These programs are in the initial implementation phase, but are expected to greatly enhance the current systems of care available for children and families in need of mental health services in these localities.

We are optimistically seeking additional funding opportunities for demonstration grants.

DMHMRSAS collaborates with DCJS to provide Training

The DMHMRSAS Office of Child and Family Services is collaborating with the Department of Criminal Justice Services to sponsor a free training regarding treatment modalities to meet the mental health needs of juveniles in detention. The goal of this training is to provide a learning environment for participants to better understand the mental health needs of youth and to offer an opportunity to strategize with other professionals on how to achieve the best outcomes for these youth. The training will be held at the Crowne Plaza Richmond West on December 7-9, 2005.

For more information on this training event, please contact Ms. Ursula Murdaugh, DCJS Program Analyst, at 804-786-0092.

Training Manual - Building Systems of Care: A Primer – additional copies of this technical assistance manual that was used at the System of Care Conference are being made available through the DMHMRSAS Office of Child and Family Services. Please contact Keisha White at (804) 786-3710 or Keisha.White@co.dmhmrzas.virginia.gov to receive additional copies.

Child and Family Behavioral Health Policy and Planning Committee (Item 330F)

The families on the committee have been actively involved in the development of materials for use in promoting the recommendations of the 330 F report that was presented to the Chairmen of the House and Senate Finance Committees. Strategies for meeting with legislators and seeking endorsements from other advocacy groups were planned. Additionally, committee members discussed rank ordering the recommendations contained in the report and they are:

I. Family Support Coalition - \$500,000
Regional EBP training for BH providers and
Regional BH trainings for physicians - \$1 million

II. System of Care: 4 evidence-based
practice pilots - \$2 million
Training for child psychiatrists and
psychologists - \$700,000

III. System of Care: 4 evidence-based
practice pilots - \$2 million
20 middle school based therapists – \$1.8
million
4 new MH/juvenile justice detention
programs - \$240,000

Recently, the committee also heard a presentation by Richard Foster advocating for a re-alignment DMHMRSAS' priorities to deal with children with autism spectrum disorders. Pertinent points from his remarks:

- Population of children with autism is growing
- Early intervention will reduce need for additional services.
- Writing a series of articles for Virginia Magazine.

(The complete text of Mr. Foster's remarks will be attached to the meeting summary of the November 10th meeting and posted on the OCFS web site).

The CFBHPP committee is beginning work and identified priority areas for the report for 2006.

Child and Family Advisory Committee

At its most recent meeting the committee heard a presentation from representatives of DMAS. Pertinent points from the presentation:

- \$4 billion in expenditures for 720,000 recipients
- Shared responsibility between the state and the federal government, match rate is 50% for Virginia, can change over time.
- Federal parent agency, Center for Medicare and Medicaid Services (CMS).
- Program requirements, state has to ensure services are provided statewide and comparability of services, equal access and equal availability.
- Freedom of choice of providers.
- Waivers are a way states can get around some of the requirements. Virginia has 7 waivers. Waivers must be approved by CMS.
- FAMIS, program for children who do not meet the eligibility requirements of Medicaid. Children in FAMIS are not eligible for EPSDT.
- Virginia has chosen to cover optional services including prescription drugs.
- Medicaid Reform bill moving through Congress would make it easier to get MH waiver for children in residential treatment.

Another provision will allow families to buy into Medicaid.

- MR waiver will cover children with autism until age 6; the MR waiver has served some children.
- Discussion about enrollment levels, Governor's initiative to enroll children in FAMIS has contributed to the increase in enrollment levels and managed care is a growing component of Medicaid in Virginia.
- Children's Health Program, FAMIS Plus (separate child health insurance program). Certain group of children utilizing Title XXI funds to cover children over age 6 in Medicaid at same income level as those under 6, this program is SCHIP Medicaid Expansion and was created September 2002. Total children covered as of April 11, 2005: 409,996.
- FAMIS provides comprehensive health care benefits including but not limited to inpatient and outpatient hospital care, physician services, well-baby check ups, prescription drugs, and dental care, vaccinations, vision, hearing and speech language services.
- Trainings are available and the Department co-sponsors trainings with DMAS. The Office will monitor training events related to children and will keep committee members informed.
- DMAS divisions are reviewing all waivers toward the goal of adding consumer-directed components to the waivers, to make services easier to access, more understandable, DMAS underwent a regulatory revision a year ago to increase access to Medicaid services. Looking at what can be tweaked to improve services. The Administration has made it easier for state agencies to work together. CMS must review all changes to the state plan and it has not been easy to get revisions through, DMAS is trying to make changes through

policy and policy interpretations and not through regulatory changes.

The next meeting of the committee will focus on case management. There was interest expressed in having parent organizations do a presentation at a future meeting as well as a request for time for family networking.

Relinquishment of Custody Workgroup

The Relinquishment of Custody Workgroup has completed its work and has prepared a report entitled “Report of the State Executive Council Workgroup on the Relinquishment of Custody for the Purpose of Accessing Behavioral Health Treatment.” This report details the process for examining the issue of custody relinquishment to access behavioral services for children and focused on the following areas:

- Practices that reduce, eliminate, and/or minimize the negative impact of custody relinquishment while providing access to behavioral health treatment within Virginia and in other states, and
- Recommendations for immediate and long-term policy and funding changes that will help to abolish this practice in Virginia.

To view the full report and recommendations, visit the DMHMRSAS Office of Child and Family Services website and click on reports. The link is www.dmhmrzas.virginia.gov/CFS.

Mental Health Transition Planning

DMHMRSAS is working with the Department of Juvenile Justice (DJJ) to develop enhanced transition planning for youth being discharged from juvenile correctional centers. DJJ will develop regulations and establish a process and criteria for referring youth for transition planning. Criteria will include needing intensive substance abuse treatment, special education services, behavioral health services or medication treatment for a mental illness. This group and its subcommittees continue their work with representation from the Office of Child and Family Services and the VACSB Child and Family Task Force.

State Budget Process

The state’s budgeting process is underway and will culminate with Governor Warner’s announcement of a budget in December. Currently, budget recommendations are being developed that will support systems of care development for children and build funding capacity for community services for children. Specific budget requests will include additional system of care/evidence-based practice demonstration projects and additional mental health/juvenile justice demonstration projects. Funding priorities are being developed in collaboration and consultation with the Virginia Association of Community Services Boards (VACSB).